State Operated Facilities Transition Plan

Recovery and Reinvestment July 8, 2010

Today's Agenda

- Brief presentation about upcoming changes at the SOFs
- Overview by State Personnel staff
- Questions

What is Happening?

- Sequence of events that allow all state hospitals to remain open
- Specific patient populations have been identified to move from hospitalization to community services
- Result is the **net closure of 355 beds** system-wide which represents an approximately **30% decrease** of current capacity.
 - Current capacity: 1205
 - Revised capacity: 850
- Re-deploy 110 beds for persons with SMI
- SOFs will transition to intermediate care facilities and shift from long term residential housing to the greatest extent possible

Current Picture (85% occupancy as of 7/6/10)

- ESH (95%)
 - Capacity 168
 - Population 160
- Madison (82%)
 - Capacity 150
 - Population 123
- Logansport (81%)
 - Capacity 388
 - Population 313
- Richmond (86%)
 - Capacity 312
 - Population 269
- Carter (94%)
 - Capacity 159
 - Population 150
- EPCC (50%)
 - Capacity 28
 - Population 14

Transition versus Closing

- Prevents closure of a state hospital
- Maintains statewide service
- Services in the least restrictive setting by moving individuals to community (*Olmstead* case)
- No completely vacant assets for State to dispose of or maintain. All bonded structures remain in operation
- Diversity of mental health population & ability of each facility to provide appropriate services
- Minimization of disruption in services and community concerns
- Greater efficiencies than closing a single hospital
- Maintain statutory compliance specific to ESH and Carter

Logansport

- Remain a high acuity forensic psychiatric hospital with limited civil beds
- Persons with MR/DD on the Jane English units will transition to the community (*currently 46 persons*)
- 110 persons with SMI will transfer to other SOFs
- 20 persons with SMI will be discharged to community living
- Capacity: 134
- Maintain approximately 500 employees

Richmond

- Transition adolescent unit to services for persons with SMI
- Shift CA program and a portion of the persons with MICA to community providers resulting in closure of the 417 building. RFP has been released for community –based services.
- Transition persons with MR/DD to community services and convert unit for persons with SMI
- Capacity: 211
- Maintain approximately 495 employees

Madison

- Transition 30 persons with MR/DD to community services
- Receive 30 persons with SMI
- Capacity: 150

Evansville

- Transition 30 persons with MR/DD to community services
- Receive 30 persons with SMI
- Capacity: 168

Larue Carter

- Transition youth from Richmond unit
- Capacity: 159

Proposal Details



Lay-off Process

- Affected classifications and number of employees needed after the transition have been identified (see handout).
- Order of layoff in each affected classification is determined through the merit employee retention scoring process.
- Upon receipt of layoff letter, the possibility of bumping to lower level classification will be addressed individually with employees who held merit status in lower level classification(s).
- Layoffs will occur over a period of several months and will be concluded by 3/1/2011. Each State employee impacted by this transition will be notified of a specific layoff date as those dates are established in accordance with the transitions of patients to new living arrangements.

Next Steps

- Need to provide continuing quality care for patients throughout and following the transition
- Transition planning with patients and families
- Retention scoring
- SPD will schedule additional informational sessions with benefits section, PERF and DWD.

Other Questions?

- Contact:
 - SOF
 - Superintendent or HR Director
 - DMHA
 - SOFtransition@fssa.in.gov
 - SharePoint site
 - https://myshare.in.gov/FSSA/dmha/SOFtransitionPlan/default.aspx
 - State Personnel
 - spdSOFtransition@spd.in.gov